



TOWN OF SMITHTOWN

SCHOOL AGE CHILD CARE MAUREEN FIORELLO

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FORM LETTER FOR SCHEDULE CHANGES

Today's Date: _____

School Age Child Care has reserved specific days for my child/children to attend the SACC program. I understand that written notification must be sent no later than the 15th of each month, to take effect on the 1st day of the following month. No other changes will be made during the month and I will be responsible for the tuition within that time period.

This letter is to notify the School Age Child Care Office that I am requesting a change to my child/children's _____ schedule from the School Age Child Program at _____ Elementary School.

Program Withdrawals:

This letter is authorizing the School Age Child Care Office to withdraw my child/children from the SACC Program on the following days:

AM PROGRAM: M _____, T _____, W _____, TH _____, F _____

PM PROGRAM: M _____, T _____, W _____, TH _____, F _____

The last day my child/children will be attending the program will be _____

Reason for withdrawal: _____

Tuition Reimbursement, if applicable:

I, _____ am requesting a refund for services paid for and not received for the School Age Child Care Program at _____ Elementary School for my child/children _____.

Program Additions:

This letter is authorizing the School Age Child Care Office to add the following days to my child/children's schedule, pending space availability. SACC will make every effort to accommodate this request and your account will be adjusted accordingly.

AM PROGRAM: M _____, T _____, W _____, TH _____, F _____

PM PROGRAM: M _____, T _____, W _____, TH _____, F _____

Signature of Parent/Guardian _____